STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Madison Adult Family Home LLC

Madison Adult Family Home LLC
14222 15TH PL W
LYNNWOOD, WA 98087

RE: Madison Adult Family Home LLC License # 753486

Dear Provider:

This letter addresses Compliance Determination(s) 71800 (Completion Date 01/22/2026) and 70305 (Completion Date 12/29/2025).

The Department completed a follow-up inspection of your Adult Family Home on 01/22/2026 and found that you have corrected the violations listed in the Full report dated 12/29/2025. Your home is back in compliance as of 12/30/2025 with the cited requirements of the Washington Administrative Code or the Revised Code of Washington or both.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10146-2-a, WAC 388-76-10650-2-a, WAC 388-76-10650-2-b, WAC 388-76-10532-2-c

The Department staff who did the off-site verification:
Katherine Randall, Nursing Care Consultant, NCC

If you have any questions, please contact me at (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

The department completed data collection for the unannounced on-site full inspection on 12/18/2025 of:

Madison Adult Family Home LLC
14222 15TH PL W
LYNNWOOD, WA 98087

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Katherine Randall, Nursing Care Consultant, NCC

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

Statement of Deficiencies	License #: 753486	Compliance Determination # 70305
Plan of Correction	Madison Adult Family Home LLC	Completion Date
Page 2 of 5	Licensee: Madison Adult Family Home LLC	12/29/2025

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Residential Care Services — 12/30/2025 Date

I understand that to maintain an Adult Family Home license, I must be in compliance with all the licensing laws and regulations at all times.

Provider (or Representative) — 1.9.26 Date

WAC 388-76-10146 Qualifications Training and home care aide certification.

(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112A WAC including but not limited to:

(a) Orientation and safety.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 2 of 4 staff members (Staff A and Staff D) had completed the orientation and safety training requirements. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4 and 5) at risk of receiving care from an unqualified caregiver.

Findings included...

Staff A:
Review of Staff A's (Provider) personnel records showed Staff A did not have the required 5 hour orientation and safety certificate available.

Staff D:
Review of Staff D's (Caregiver) personnel record showed Staff D was hired on 04/03/2025. Staff D did not have the required 5 hour orientation and safety certificate.

In an interview, on 12/18/2025 at 3:15 PM, Staff A stated that they would get the training certifications.

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Renee' Bourque
Residential Care Services

12/30/2025
Date

I understand that to maintain an Adult Family Home license, I must be in compliance with all the licensing laws and regulations at all times.

Provider (or Representative)

Date

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(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

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This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 2 of 4 staff members (Staff A and Staff D) had completed the orientation and safety training requirements. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4 and 5) at risk of receiving care from an unqualified caregiver.

Findings included...

Staff A:
Review of Staff A's (Provider) personnel records showed Staff A did not have the required 5 hour orientation and safety certificate available.

Staff D:
Review of Staff D's (Caregiver) personnel record showed Staff D was hired on 04/03/2025. Staff D did not have the required 5 hour orientation and safety certificate.

In an interview, on 12/18/2025 at 3:15 PM, Staff A stated that they would get the training certifications.

Statement of Deficiencies	License #: 753486	Compliance Determination # 70305
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Page 3 of 5	Licensee: Madison Adult Family Home LLC	12/29/2025

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Madison Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 12/30/25

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Provider (or Representative) 12-30-25 Date

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 5 residents (Resident 1) had the required assessment and informed consent completed prior to the use of [redacted]. This placed failure placed Resident 1 at risk for injury.

Findings included...

Record review showed Resident 1 was admitted on [redacted] 2024 with multiple diagnoses including [redacted]

Observation, on 12/18/2025 at 11:00 AM, showed one half length [redacted] on both sides of Resident 1's bed.

Review of Resident 1's record showed that the required assessment identifying the need for, and the ability of, Resident 1 to safely use the [redacted] and the informed consent explaining the risks and benefits of the [redacted] were not available in Resident 1's record.

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Madison Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Provider (or Representative) Date

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(2) Before a medical device with a known safety risk is used by a resident, the home must:

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(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 5 residents (Resident 1) had the required assessment and informed consent completed prior to the use of [redacted]. This placed failure placed Resident 1 at risk for injury.

Findings included...

Record review showed Resident 1 was admitted on [redacted]/2024 with multiple diagnoses including [redacted].

Observation, on 12/18/2025 at 11:00 AM, showed one-half length [redacted] on both sides of Resident 1's bed.

Review of Resident 1's record showed that the required assessment identifying the need for, and the ability of, Resident 1 to safely use the [redacted] and the informed consent explaining the risks and benefits of the [redacted] were not available in Resident 1's record.

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In an interview, on 12/18/2025 at 3:00 PM, Staff A (Provider) stated that Resident 1 had the [redacted] in the up position when in bed to assist with repositioning, and that Resident 1 had the [redacted] on the bed since admission into the AFH. Staff A stated that they would have the [redacted] assessed and obtain the informed consent.

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Madison Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 12/19/25 .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Provider (or Representative) [signature] Date 1/7/26

WAC 388-76-10532 Resident rights Department standardized disclosure forms.

(2) The adult family home must complete the disclosure of charges form as provided by the department. The home must:

(c) Keep a copy that has been signed and dated by the resident in the resident's record.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 5 residents (Resident 1) had a signed and dated copy of the Disclosure of Charges (DOC) form available in their record. This failure placed Resident 1 at risk of undisclosed charges.

Findings included...

Review of Resident 1's record showed Resident 1 was admitted on [redacted] 2024. Resident 1's record did not have the required signed and dated copy of the DOC form available to review.

In an interview, on 12/18/2025 at 3:20 PM, Staff A (Provider) reported that they would get the DOC form signed and dated.

In an interview, on 12/18/2025 at 3:00 PM, Staff A (Provider) stated that Resident 1 had the [redacted] in the up position when in bed to assist with repositioning, and that Resident 1 had the [redacted] on the bed since admission into the AFH. Staff A stated that they would have the [redacted] assessed and obtain the informed consent.

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Madison Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Provider (or Representative) _____ Date _____

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Based on interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 5 residents (Resident 1) had a signed and dated copy of the Disclosure of Charges (DOC) form available in their record. This failure placed Resident 1 at risk of undisclosed charges.

Findings included...

Review of Resident 1's record showed Resident 1 was admitted on [redacted]/2024. Resident 1's record did not have the required signed and dated copy of the DOC form available to review.

In an interview, on 12/18/2025 at 3:20 PM, Staff A (Provider) reported that they would get the DOC form signed and dated.

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In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Provider (or Representative) 1/8/26 Date

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Madison Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Provider (or Representative) Date

Madison Adult Family Home LLC
License Number 753486
1-07-2026

Plan of Correction

WAC 388-76-10146 Quallfications- Training and home care aid certlfication

(a) Orientation and safety

Staff A has completed and received the 5 hour orientation and safety training on 12/30/25. (see attachment)
Staff D had her 5 hour orientation and safety training completed on 7/15/21 but I did not have that copy in the home. (see attachment)

I will have all my new caregivers that begin to work here at Madison Adult Family Home have 5 hour orientation and safety training completed before working.

WAC 388-76-10650 medical devices

I had my Nurse delegator come to our home and re-assess [redacted] [redacted] 12/19/25. I have given [redacted] POA [redacted] safety information and informed consent form that they have reviewed and signed 12/19/25, along with the [redacted] brochure. (see attachment)

With any new residents moving into Madison Adult Family Home, I will have a formal assessment done for [redacted] on the day they move in. I will give POA [redacted] safety information and informed consent form to review and sign and provide them a [redacted] brochure.

WAC 388-76-10532 Resident rights- Disclosure form

I have had [redacted] POA sign a disclosure of ~~services~~ Charges form on 12/18/25 (see attachment)

With any new residents moving into Madison Adult Family Home I will have their POA sign the disclosure of charges form

1·7·26 Anny Burcheci